COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PO DIVISIONAL, CONTINUATION O	
As a below named inventor, I hereby declare that:	
TYPE OF DECLARATION	
This declaration is of the following type:	COV
(check one applicable item below)	
x original.	
design.	- 3 -
supplemental.	
NOTE: If the declaration is for an International Application being filed as a div part application, do not check next item; check appropriate one of last the	risional, continuation or continuation-in- ree items.
national stage of PCT.	
NOTE: If one of the following 3 items apply, then complete and also attac CONTINUATION OR C-I-P.	h ADDED PAGES FOR DIVISIONAL.
divisional.	
continuation.	
continuation-in-part (C-I-P).	
INVENTORSHIP IDENTIFICATION	ON
WARNING: If the inventors are each not the inventors of all the claims, a ownership of all the claims at the time the last claimed invention	n explanation of the facts, including the was made, should be submitted.
My residence, post office address and citizenship are as stated below am the original, first and sole inventor (if only one name is listed be inventor (if plural names are listed below) of the subject matter that is sought on the invention entitled:	elow) or an original, first and joint
TITLE OF INVENTION	
Method in speech recognition and a speech rec	ognition device

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))	
(a) x is attached hereto	
(b) was filed on as Serial No. 0/ or Express Mail No., As Serial No. not yet known and was amended on	(if applicable).
NOTE: Amendments filed after the original papers are deposited with the PTO th filing date by being referred to in the declaration. Accordingly, the ame application papers or, in the case of a supplemental declaration, are encompassed in the original statement of invention or claims. See 37 CFR	ndments involved are those filed with the those amendments claiming matter not
(c) was described and claimed in PCT International Application	on No.
, filed on	and as
amended under PCT Article 19 on	(if any).
ACKNOWLEDGEMENT OF REVIEW OF PAPERS AN	ND DUTY OF CANDOR
I hereby state that I have reviewed and understand the contents of including the claims, as amended by any amendment referred to about	
I acknowledge the duty to disclose information, which is material Code of Federal Regulations, § 1.56,	to patentability as defined in 37,
(also check the following items, if desi	red)
and which is material to the examination of this application, r is a substantial likelihood that a reasonable Examiner would of whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information accordance with 37 CFR 1.98.	consider it important in deciding
PRIORITY CLAIM (35 U.S.C § 119(a	a)-(d))
I hereby claim foreign priority benefits under Title 35, United States application(s) for patent or inventor's certificate or of any PCT inter at least one country other than the United States of America lister below any foreign application(s) for patent or inventor's certiapplication(s) designating at least one country other than the United the same subject matter having a filing date before that of the a claimed.	national application(s) designating d below and have also identified ificate or any PCT international States of America filed by me or
(complete (d) or (e)	÷ ,
(d) no such applications have been filed.	
(e) x such applications have been filed as follows.	
NOTE: where item (c) is entered above and the International Application which a check item (e), enter the details below and make the priority claim.	lesignated the U.S. itself claimed priority

(Declaration and Power of Attorney [1-1]-page 2 of 6)

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)—(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
Finland	990078	18 January 1999	x YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
PROVISIONAL APPLIC	CATION NUMBER	FILI	NG DATE	
		· · · · · · · · · · · · · · · · · · ·		
			· .	
CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120				
The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P)				

APPLICATION

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

basis fo continue ATTOR	r this application entering the United Station-in-part, then also complete ADD	com the filing date of this application is a PCT filing forming the tates as (1) the national stage, or (2) a continuation, divisional, or ED PAGES TO COMBINED DECLARATION AND POWER OF ON OR C-I-P APPLICATION for benefit of the prior U.S. or PCT
	POWER	OF ATTORNEY
I hereby appoint business in the	nt the following attorney(s) and/o Patent and Trademark Office co	or agent(s) to prosecute this application and transact all nnected therewith.
	(list name and	registration number)
Clarence A. Gr Harry F. Smith Mark F. Harrin	(32,493)	
	(check the follow	ving item, if applicable)
Attache above-	ed, as part of this declaration and named attorney(s) to accept and the	power of attorney, is the authorization of the follow instructions from my representative(s).
SEND CORRE	ESPONDENCE TO	DIRECT TELEPHONE CALLS TO: (Name and telephone number)
Clarence A. Gr		Clarence A. Green
Perman & Gree 425 Post Road	•	(203) 250–1800
Fairfield, CT 0		

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Ca	refully indicate the family (or last) name, as it should appear on the filing re	ceipi and all other documents.
Full name of sol	le or first inventor	
Kari		Laurila
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
	\sim / \sim 1	
Inventor's signature		
Date	20 December 1999 Country of Citizenship	Finland
Residence	Insinöörinkatu 64 A 14, FIN-33720 Tampere, Finland	
Post Office Address	Insinöörinkatu 64 A 14, FIN-33720 Tampere, Finland	
•		
Full name of sec	cond joint inventor, if any	
Juha		Häkkinen
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
	10 150	
Inventor's signature	- Jose De J	
Date	20 December 1999 Country of Citizenship	Finland
Residence	Lukonmäenkatu 20 B 11, FIN-33710 Tampere, Finland	
Post Office Address	Lukonmäenkatu 20 B 11, FIN-33710 Tampere, Finland	··
•		
Full name of thi	rd joint inventor, if any	
Ramalingam		Hariharan
(GIVEN NAME)	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)
Inventor's signature	Manahim	
Date ·	20 December 1999 Country of Citizenship	India
Residence	Lindforsinkatu 6 A 12, FIN-33720 Tampere, Finland	· · · · · · · · · · · · · · · · · · ·
Post Office Address	Lindforsinkatu 6 A 12, FIN-33720 Tampere, Finland	

(Declaration and Power of Attorney [1-1]-page 5 of 6)

(check proper box(es) for any of the following added page(s) that form a part of this declaration)	•
Signature for fourth and subsequent joint inventors. Number of pages added	
* * *	
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added	
* * *	× × ×
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added	· ·
* * *	
Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)	
* * *	
Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application. Number of pages added	
* * *	
Authorization of attorney(s) to accept and follow instructions from representative.	
* * *	
(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)	•
x This declaration ends with this	page.